

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: monospace;">10760614</div>		Filing Date 	
							Applicant(s)			

							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3							53					
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6							56					
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13	1						63					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	12						Total Depend					
Total Claims	14						Total Claims					